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TOTAL BERGSVINGS

ATTORNEY DOCKET NO CONFIRMATION NO APPLICATION NO FILING DATE FIRST NAMED INVENTOR 7898 February 14, 2004 Aaron Bush 10/779 354

TITLE OF INVENTION

APPLN. TYPE

Number is required.

Device and Method for Increasing Viability in Cells ISSUE FOR

	\$700		\$300	\$1,000.00	8/17/07
EXAMINER	ARTUN	ırı	CLASS-SUBCLASS	l	
David Reifsnyder	172	:3			
Change of correspondence address or indication of "F (FR 1 363). Change of correspondence address (or Change of		(1) the na	nting on the patent front page, li- imps of up to 3 registered pater OR, alternatively,	it attorneys JoAni	ne_Denison
Address form PTO/SD/122) attached. The address indication (or "Fee Address" Indication form PTO/SD/47; Rev 03-02 or more recent) attached. Use of a Customark is required.		registered 2 register	ane of a single firm (having as a l attorney or ngent) and the named ad patent attorneys or agents. If name will be printed.	es of up to	inia Wallace son & Assoc. PC

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3 ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will uppear on the patent. If an assignee is identified below, the document has been filled for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filling an assignment.

(A) NAME OF ASSIGNEF	(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Please check the appropriate assignee category or categories (will not	be printed on the putern): 🛮 🚾 Individual 🚨 Corporation or other private group entity 🚨 Governmen				
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 Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. 	☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).				

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Authorized Signature Joanny Director	Date 6/19/0/
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